

09/27/01

Jc966 U.S. PTO

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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032  
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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	42390P11892
First Inventor or Application Identifier	Robert A. Dunstan
Title	METHOD AND APPARATUS TO REMOTELY OBTAIN DEVICE
Express Mail Label No.	EL651822951US

**APPLICATION ELEMENTS**  
See MPEP chapter 600 concerning utility patent application contentsADDRESS TO: Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

- |   |   |
|---|---|
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17)<br/>(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status.<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">Total Pages <b>20</b></span><br/>(preferred arrangement set forth below)</p> <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">Total Sheets <b>6</b></span></p> <p>5. Oath or Declaration <span style="float: right;">Total Pages <b>3</b></span></p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/>(for continuation/divisional with Box 18 completed)</p> <p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> Paper</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
|---|---|

**ACCOMPANYING APPLICATION PARTS**

9. ☒ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO - 1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☐ Request and Certification under 35 USC 122(b)(2)(B)(i).  
Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: .....

**18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:**☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_ / \_\_\_\_\_

Prior application Information: Examiner: \_\_\_\_\_

Group/Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**☒ Customer Number of Bar Code Label

\*08791\*

or ☐ Correspondence address below

Name	BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP				
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City	Los Angeles	State	California	Zip Code	90025
Country	U.S.A.	Telephone	(310) 207-3800	Fax	(310) 820-5988

Name (Print/Type) Steven Laut, Reg. No. 47,736

Signature

Date 09/27/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2001</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>		<b>Complete if Known</b>	
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <span style="font-size: large;">866.00</span>		Application Number Filing Date <span style="border: 1px solid black; padding: 2px;">09/27/01</span> First Named Inventor <span style="border: 1px solid black; padding: 2px;">Robert A. Dunstan</span> Examiner Name Group Art Unit Attorney Docket Number <span style="border: 1px solid black; padding: 2px;">42390P11892</span>	

<p><b>METHOD OF PAYMENT</b> (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <span style="border: 1px solid black; padding: 2px; font-size: large;">02-2666</span></p> <p>Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Blakely, Sokoloff, Taylor &amp; Zafman LLP</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <p><b>1. FILING FEE</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th>Large Entity Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>710</td> <td>201</td> <td>355</td> <td>Utility filing fee</td> <td style="border: 1px solid black; text-align: right;">\$710</td> </tr> <tr> <td>106</td> <td>320</td> <td>206</td> <td>160</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>490</td> <td>207</td> <td>245</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>710</td> <td>208</td> <td>355</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>150</td> <td>214</td> <td>75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td style="border: 1px solid black; text-align: right;">(\$ 710.00)</td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>22</td> <td>-20** = 2</td> <td>X \$18.00 =</td> <td>36.00</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>-3** = 1</td> <td>X \$80.00 = 80.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><b>Large Entity Small Entity</b></p> <table style="width: 100%; font-size: small;"> <thead> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple Dependent claim</td> <td></td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>**Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>**Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td style="border: 1px solid black; text-align: right;">(\$ 116.00)</td> </tr> </tbody> </table> <p><small>**or number of previously paid, if greater; For Reissues, see above</small></p>	Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid	101	710	201	355	Utility filing fee	\$710	106	320	206	160	Design filing fee		107	490	207	245	Plant filing fee		108	710	208	355	Reissue filing fee		114	150	214	75	Provisional filing fee		<b>SUBTOTAL (1)</b>					(\$ 710.00)	Total Claims	Extra Claims	Fee from below	Fee Paid	22	-20** = 2	X \$18.00 =	36.00	Independent Claims	4	-3** = 1	X \$80.00 = 80.00	Multiple Dependent				Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	80	202	40	Independent claims in excess of 3		104	270	204	135	Multiple Dependent claim		109	80	209	40	**Reissue independent claims over original patent		110	18	210	9	**Reissue claims in excess of 20 and over original patent		<b>SUBTOTAL (2)</b>					(\$ 116.00)	<p><b>3. 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146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))																																																																																																																																																																																																																																																																																									
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))																																																																																																																																																																																																																																																																																									
179	710	279	355	Request for Continued Examination (RCE)																																																																																																																																																																																																																																																																																									
169	900	169	900	Request for expedited examination of a design application																																																																																																																																																																																																																																																																																									
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<b>SUBTOTAL (3)</b>					(\$ 40.00)																																																																																																																																																																																																																																																																																								

<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Typed or Printed Name	Steven Laut Reg. No. 47,736			Reg. Number	
Signature			Date	09/27/01	Deposit Account User ID
				02-2666	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.